

03281 U.S. PTO

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 249424US0

First Inventor or Application Identifier Yoshihiro TAKAMI

Title SKIN DECELLULARIZATION METHOD, ACELLULAR DERMAL MATRIX AND PRODUCTION METHOD THEREFORE EMPLOYING SAID DECELLULARIZATION METHOD, AND COMPOSITE CULTURED SKIN EMPLOYING SAID MATRIX

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification Total Sheets
3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets
4. ☒ Oath or Declaration Total Pages 
  - a. ☒ Newly executed (Original)
  - b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))  
(for continuation/divisional with box 17 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).
5. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification or Sequence Listing on :
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ Paper
  - c. ☐ Statements verifying identity of above copies

ADDRESS TO: Commissioner for Patents  
Mail Stop Patent Application  
Alexandria, Virginia 22313**ACCOMPANYING APPLICATION PARTS**

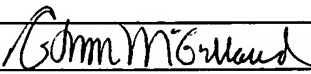
7. ☐ Assignment Papers (cover sheet & document(s))
8. ☒ Application Data Sheet. See 37 CFR 1.76
9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations (11)
12. ☐ Preliminary Amendment
13. ☒ White Advance Serial No. Postcard
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15. ☒ Applicant claims small entity status.  
See 37 CFR 1.27
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**18. CORRESPONDENCE ADDRESS**Customer Number  
**22850**  
(703) 413-3000  
FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618	
Signature:			Date:	2/25/04
Name:	C. Irvin McClelland	Registration No.:		

Registration Number 21,124

21906 U.S. PTO  
10/785090



13281  
US. PTO

Docket No. 249424US0

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Yoshihiro TAKAMI

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SKIN DECELLULARIZATION METHOD, ACELLULAR DERMAL MATRIX AND PRODUCTION METHOD THEREFORE EMPLOYING SAID DECELLULARIZATION METHOD, AND COMPOSITE CULTURED SKIN EMPLOYING SAID MATRIX

**FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	14 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$770.00
<input checked="" type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				(\$385.00)
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$385.00

☐ Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.

☐ A check in the amount of **\$0.00** to cover the filing fee is enclosed.

☒ Credit card payment form is attached to cover the filing fee in the amount of **\$385.00**

☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: \_\_\_\_\_

2/25/04



Norman F. Oblon

Registration No. 24,618

Customer Number

**22850**

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)

**C. Irvin McClelland**  
**Registration Number 21,124**